## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	'n													***		
1. Name and Mailing Address of Respondent Nextlink Wireless, LLC 13865 Suprise Valley Dr	of Responde S, LLC	2	te 150	2										<b>▼</b> Che	Check here if this is a change of	
Herndon, VA 20171	alley D 171	r, Sui	te 150											is a chan address.	is a change of address.	
2. Year Report Filed		ω	Reporting	eriod (Endi	Reporting Period (Ending Date of Pay Period Covered by Report)	y		Number c     Reporting	Number of Full-Time Employees during Selected Reporting Period (check one):	nployees dur k one);	ing Selected					
2017			3/31/2017	017	oit)			a. Fe	a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)	complete Security all sections of the complete security is consistent to the complete all sections of the constant of the cons	tions I, IV, and	d V only)				
SECTION II - Full-Time Employees.	yees.								į.							
							5000	Num (Report empl	Number of Employees (Report employees in only one category	yees one category	)					
Job								200	Race/Ethnicity	,						
Categories		Hispanic or	악						Not-Hispanic or Latino	ic or Latino		:				Total
		Lami				Male	ile					Female	nale			Columns A - N
	Male		Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White	Black or African	Native Hawaiian or	Asian		Two or more races	
					American	Other Pacific Islander		Alaska Native			American	Other Pacific Islander		Alaska Native		
	Þ		80	C	D	m	Ŧì	G	Ξ	-	ے	*	F	3	z	0
Officials and Managers	1.1									2						0
First/Mid-Level Officials and Managers	1.2									З						0
Professionals	2			6						1						0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5				_					_						0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10 10		0	7 <sub>0</sub>	10	0	0	0	0	7.0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	=															0

Title of Person Signing Treasury & HR, Senior Manager	5/30/2017	Date Typ	I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	SECTION V - Certification	(Attach a list indicating	السا	X Company before any b	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers 1.1				Categories	Job	
Manager	Abb	ed or Printed	ledge, inform		g parties invo	commission t	ommission t	nation Com		0											Þ	Male		His		
	Abbey Moran	Typed or Printed Name of Person Signing	nation, and be		lved, date file	hat the followi	hat no compla	olaints Pursu		0											В	Female	Tamic	Hispanic or		
		son Signing	lief, all statem		d, courts or a	suiction in sui	ints regarding	ant to 47 CF		0											С	White				
OF ANY ST			ents in this re		gencies befor	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	violations of h matters du	R 22.321, 23.		0											D	Black or African American	-			
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	•		port are true a		e which the m		he equal empling the calend tions of the pro	55, 90.168, 10		0											ш	Native Hawaiian or Other Pacific Islander	N			
TEMENTS M		Signature	and correct.		atter has bee	rovisions of a	oloyment prov	1.4, and 101		0											П	Asian	Male			
ADE ON THIS STRUCTION I					n heard, file nu	ny equal empl	risions of Fede	.311.		0											G	American Indian or Alaska Native			100.40	Nurr (Report empl
FORM ARE I					imber or othe	orr. ovment oppor	eral, state, ten			0											Н	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category
PUNISHABLE J.S.C. 312 (A	6				r designation	tunity statute	ritorial, or loca			0											ı	White		Not-Hispanic or Latino	y	oyees one category
BY FINE AN )(1) AND/OR	A Principal and American				, and current	have been file	al statutes hav			0											J	Black or African American				9
D/OR IMPRIS					and current status or disposition.	I statutes have been filed against this have been filed against this company, and current status or disposition.	e been filed a			0											Χ.	Native Hawaiian or Other Pacific Islander	Fer			
ONMENT (1	571-612-2656	Telephone No.			sition.	company.	gainst this			0											۲	Asian	Female			
8 U.S.C. 100: 503).		lo.								0											Z	American Indian or Alaska Native				
11) AND/OR F									0											z	Two or more races					
VOCATION									0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total		

## NOTICE TO FILERS OF FCC FORM 395

EFECTRONIC COMMENT FILING SYSTEM (ECFS). IN W. 16-233 USING THE COMMISSION'S INCLUDING RESUBMISSIONS, IN W. DOCKET NO. 16-233 USING THE COMMISSION'S EFFORMS.

DOCUMENTS SUBMITTED THROUGH ECFS ARE MADE AVAILABLE TO THE PUBLIC. ALL MOTE: DO NOT SUBMITTED THROUGH ECFS ARE MADE AVAILABLE TO THE PUBLIC.

All requests for confidential treatment of FCC Form 395 data should be filed consistent with Section 0.459 of the Commission's rules, 47 CFR § 0.459. A carrier seeking confidential treatment of certain Form 395 data must file a redacted (public) version of its Form 395 Report using ECFS, and also file a non-redacted version, for which confidentiality is requested, along with respondent's request for confidentiality, with the Office of the Secretary, Federal Communications Commission, 445 12th Street SW, Washington, DC 20554.

For a complete set of FCC Form 395 instructions, see <a href="https://www.fcc.gov/licensing-databases/forms">https://www.fcc.gov/licensing-databases/forms</a>. A Form 395, which is fillable in the Acrobat reader, follows this page.

<sup>1</sup> See Wireline Competition Bureau Announces Transition of FCC Form 395 Common Carrier Annual Employment Report to Electronic Filing, Public Notice, DA 16-965, August 26, 2016.